## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

APR 2 4 2018

RECEIVED

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

I. Name of Lobbyist(s) And	rew Antrobus	West of the second seco	
II. Name of lobbyist's partners Pfizer Inc.	hip, firm or corporation, if	any:	
(Name of partner	rship, firm or corporation)		
c/o 28 Liberty Ship Way, Suite 2815 Sausalito		lito CA	94965
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
415 903-2800	( <sup>415</sup> ) <u>610-7604</u>	<sub>e-mail</sub> pfizer@	politicomlaw.com
(Telephone)	(Fa	ax)	***************************************
III. This statement covers: (Choreportable expense transaction			nay file a separate report f
All reportable transactions oc	curring in the months prior t	o the reporting date relative to	the following client:
Pfizer Inc.	-		-
	e of Client as it appears on the	Lobbyist Registration Form)	
<u>OR</u>	The state of the s		
☐ All reportable transactions by unrelated to any particular client.	the lobbyist (including the le	obbyist's family), or the lobbyi	ng firm listed below which
IV. Date of Report April 25, 2018   Reports cover: activity from date of registration to 3/31/18		July 25, 2018 [] activity from 4/1/18 to 6/30/	18
	31, 2018	January 30, 2019 activity from 10/1/18 to 12/3	
V. There have been no fees r If this box is checked, complete ju Concord, NH 03301.			
VI. Check if additional reports	are attached:		
•	-	file Addendum A-Fees and	•
If you have paid an honorariu Expense Reimbursement	im or reimbursed expenses,	you must file <b>Addendum B</b> – R	teport of Honorariums or
If you, your firm, or your fan	nily has made political contri	butions, you must sile Addend	lum C- Political Contribution
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, Fand complete to the best of my known (Signature of lobbyist)  Andrew Antrobus	RSA 14-C and RSA 664 and	hereby swear or affirm that the	_
(Print Name of lobbyist)	***************************************		